

UTILITY PATENT APPLICATION		Attorney Docket No. P50561-C4	
TRANSMITTAL		First Named Inventor: Callahan, et al.	
(For new nonprovisional applications under 37 CFR 1.53(b))			

"EXPRESS MAIL CERTIFICATE"

"EXPRESS MAIL" MAILING LABEL NUMBER **EL808220256US** DATE OF DEPOSIT: **October 22, 2003**

I hereby certify that this paper or fee and the papers indicated as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date and with the Mailing Label Number indicated above and addressed to: The Commissioner for Patents, P.O. Box 1450, Mail Stop: Patent Application, Arlington, VA 22313-1450.

NAME OF PERSON MAILING PAPER OR FEE
(TYPE OR PRINT) Shawn Samper SIGNATURE [Signature]

17302 U.S. PTO
10/691241

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		7. <input checked="" type="checkbox"/> The Title of the Invention: VITRONECTIN RECEPTOR ANTAGONISTS
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 19-2570 <input checked="" type="checkbox"/> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3)) <i>(Submit an original, and a duplicate for fee processing)</i>	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies d. <input type="checkbox"/> Use the identical computer-readable form filed in Application No. _____, filed ____ as the computer-readable form for the instant application. (37 CFR 1.821(e))	
2. <input checked="" type="checkbox"/> The total fee is calculated as shown below: Basic Filing fee \$770.00 Total Claims 3 - 20 = 23 x \$18 \$ 0.00 Independent Claims 1 - 3 = 0 x \$84 \$ 0.00 <input type="checkbox"/> Multiple Dependent Claim present. \$280 TOTAL FILING FEE \$770.00 <input checked="" type="checkbox"/> Cancel in this application original claims 1 to 55 of the prior application before calculating the filing fee. <input checked="" type="checkbox"/> Charge \$770.00 to the above indicated Deposit Account.	9. ACCOMPANYING APPLICATION PARTS a. <input type="checkbox"/> Information Disclosure Statement (IDS) b. <input checked="" type="checkbox"/> PTO-1449 (2pgs) c. <input type="checkbox"/> Copies of all IDS Citations	
3a. <input checked="" type="checkbox"/> Specification excluding Drawings [Total Pages] 129 3b. <input checked="" type="checkbox"/> An Abstract on a separate sheet 1	10. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets] _____	11. <input checked="" type="checkbox"/> Prior Application is Assigned to: SmithKline Beecham Corporation <i>(for continuation/divisional with Box 17a completed)</i>	
5. <input checked="" type="checkbox"/> Declaration and Power of Attorney [Total Pages] 5 a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17a completed)</i> c. <input type="checkbox"/> Unsigned Declaration [Note Box 6 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	12. <input checked="" type="checkbox"/> Preliminary Amendment [Total Pages] 4	
6. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 5b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
	14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
	15. <input checked="" type="checkbox"/> Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. 10/320,084 filed December 16, 2002 . A PTO-1449 listing the references is enclosed.	
	16. <input type="checkbox"/> Other: _____	

17. <input checked="" type="checkbox"/> Priority Information, check appropriate box and supply the requisite information
a. The accompanying application is a <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 10/320,084 filed December 16, 2002 .
b. <input type="checkbox"/> Benefit is claimed under Title 35, United States Code, Section 119(e) of the following Provisional Applications: Application No. _____ filed _____
c. *Add Priority Information via Preliminary Amendment.

18. CORRESPONDENCE ADDRESS		19. RESPECTFULLY SUBMITTED.	
Address	GLAXOSMITHKLINE Corporate Intellectual Property - UW2220 P.O. Box 1539 King of Prussia, PA 19406-0939	Signature Name	<u>[Signature]</u> Laura K. Madden
Telephone	(610) 270-7339 Fax (610) 270-5090	Registration No.	48,352